****

**PARENTAL CONSENT FORM**

**Title of Project: The BILAG Biologics Prospective Cohort: Long-term Safety of New Treatments in the Management of SLE**

**Name of Researcher: Professor Ian Bruce**

**Please initial box**

1. I confirm that I have read and understand the information sheet dated 19/03/2021 (version 5) for the above study and have had the opportunity to ask questions.
2. I understand that my child’s taking part is voluntary and that my child is free to withdraw at any time, without giving any reason, without my child’s medical care or legal rights being affected.
3. I understand that information held by the NHS and records maintained by The NHS Information Centre and the NHS Central Register may be used to help contact me and provide information about my child’s health status. I give permission for these individuals to have access to my child’s records.
4. I agree that my child’s specialist Dr may provide the researchers with information from my child’s Health Records that is relevant to this study.
5. I agree to information, from which my child can be identified, being held by the research team at the University of Manchester, School of Translational Medicine together with data collected during the study.
6. I agree for my child to donate blood samples for use in DNA and biomarker research, as described in the information sheet.
7. I agree for my child to donate a sample of urine for use in research, as described in the information sheet.
8. I understand that my child’s samples will be stored securely at the University of Manchester for use in future studies.
9. I agree that my child’s samples may be shared by the BILAG team with other collaborators (academic institutions or commercial organisations) to perform research that will lead to a greater understanding of the causes of and processes involved in SLE.
10. I understand that if my child or I change our minds and withdraw consent from this study at a later date, my child’s samples that have been donated or collected will be withdrawn from the study or destroyed.
11. I understand that individuals from the University of Manchester, from the regulatory authorities or from relevant NHS Trusts will have access to the personal data in order to monitor and audit the conduct of the study
12. I agree to allow the researcher to make contact with me about other studies in the future
13. I agree for my child to take part in the above study
14. I agree for my child’s GP to be notified about my child’s participation in the study

Name of person with parental responsibility for child

Date Signature

Name of patient Date Signature

Name of person taking consent Date Signature

Researcher Date Signature